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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 OF 186 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and Stator for commercial purposes, other than using the non-state of the NAME OF COMMITTEE (In Full)  Steve Daines for Montana	tements may not be sold or used by any per ame and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  William Bayne  Mailing Address 1435 Whitefish Hills Dr  City Whitefish  FEC ID number of contributing federal political committee.  Name of Employer None  Receipt For: 2014	State Zip Code MT 59937-8800  Cocupation Retired Election Cycle-to-Date	Date of Receipt    M
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Michael R Yorgason  Mailing Address 2900 12th Ave N #140W  City	State Zip Code	Date of Receipt  M M / D / T / Y / Y / Y / Y / Y / Y / Y / Y / Y
Billings  FEC ID number of contributing federal political committee.  Name of Employer  Ortho Montana	MT 59101-7507  Cocupation Surgeon Election Cycle-to-Date	Amount of Each Receipt this Period  500.00
Self Employed E	State Zip Code MT 59404-1219  C	Date of Receipt  M M / D / D / Y / Y / Y / Y / Y / Y / Y / Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number onl		1500.00